

City of Glendale

Grease Interceptor Inspection Report

5909 N. Milwaukee River Parkway, Glendale, WI 53209
 Send to the Attention of: Inspection Department

FOR OFFICE USE ONLY	
RECV'D _____	AMT \$ _____
PAYMENT TYPE: CHECK _____ CASH _____	
CHECK/RECEIPT # _____	

- To be completed by Licensed Plumber only - (Please Print)

Property Name: _____ Phone: (____) _____ Fax: (____) _____

Property Address: _____ Glendale, WI, _____

Manager/Contact Name: _____ Phone: (____) _____ (if other than above)

Plumber/Inspector: _____ MP#: _____ Phone: _____

Inspection Date: ____/____/____ Time Started: ____:____ am/pm Time Completed: ____:____ am/pm

Reclamation Company: _____ Phone: (____) _____

General Condition Questions

Does the establishment provide training and/or literature to its staff to ensure that Best Management Practices are followed?..... Yes No Unknown

"No Grease Signs" are posted at appropriate sink locations?..... Yes No Unknown

The establishment recycles waste cooking oil and can provide records of this? (See notes section on page 2)..... Yes No Unknown

Measure and record temperature at each sink. Sink 1____, Sink 2____, Sink 3____, Sink 4____, Pre-rinse sink____

Water temperatures at all sinks (especially the pre-rinse sink) IS BELOW 140 degrees Fahrenheit?..... Yes No Unknown

Are solid food wastes disposed of properly and not discharged to the grease traps or interceptors?..... Yes No Unknown

Grease trap(s)/interceptor(s) are cleaned and maintained regularly?..... Yes No Unknown

Grease trap/interceptor is easily accessible?..... Yes No Unknown

Grease interceptor does not contain greater than 1/3 the depth in grease accumulation?..... Yes No

Grease interceptor does not contain greater than 1/4 the depth in sediment accumulation?..... Yes No

Complete these questions only if unit was not cleaned internally just prior to or at time of inspection.

Is a maintenance log or file kept on-site?..... Yes No Unknown

Are outdoor grease and oil storage containers covered and show no signs of overflowing?..... Yes No N/A

Does roof or exterior show signs of grease and oil from the exhaust system?..... Yes No Unknown

Exhaust system filters are cleaned regularly and can be documented?..... Yes No Unknown

Capacity of Grease Interceptor is _____ gallons Actual Estimated

COMPLETE BOTH SIDES OF THIS FORM

Condition of Grease Interceptor Components

(Under "other" indicate action taken such as "replaced with new, cleaned, corrected, etc.")

Location of grease interceptor? (Location: _____)..... Interior Exterior
(i.e. under compartment sink, basement, rear of bldg., etc.)

Is interceptor Timer Controlled?..... Yes No N/A

Heating element working properly?..... Yes No Other _____

Is interceptor Sensor Controlled?..... Yes No N/A

Heating element working properly?..... Yes No Other _____

Does exterior of interceptor appear clean and maintained?..... Yes No N/A

Is drain piping serving interceptor in good condition and free of any damage, leaks or stored items?..... Yes No N/A

Is grease trap/interceptor properly vented to allow air circulation through entire drain system?..... Yes No N/A

Is food grinder connected to interceptor?..... Yes No N/A
(Connection Not Allowed)

Was interceptor cleaned prior to inspection?..... Yes No Other _____
If not, remove grease from top of separation chamber and remove all solids from bottom of tank.

Were all solids removed from bottom of tank?..... Yes No Other _____

Are air relief passages clear and free of obstruction?..... Yes No Other _____

Is static water line adequate?..... Yes No Other _____

Are all cover fasteners present and in good condition. no significant build up of rust, grease or other debris?..... Yes No Other _____

Cover gasket is in good condition and gastight, free from checks, cracks, or other defects?..... Yes No Other _____

Were baffles, U-box, V-screen removed, cleaned, rinsed and reinstalled?... Yes No Other _____

Were screens or strainers cleaned, rinsed and reinstalled?..... Yes No N/A Other _____

*****ALL DEFECTS OR VIOLATIONS MUST BE CORRECTED WITHIN 10 DAYS*****

IMPORTANT: (Include photocopies of all billing for dates of reclamation (cleaning) service for past 12 months and indicate below any repairs made or necessary.) Application will be REJECTED if service date records are not included with this form! Payment of \$35.00 fee must be included with this form. Submittal after deadline requires DOUBLE PERMIT FEE OF \$70.00

MUST PROVIDE COPIES OF ALL CLEANING RECORDS FOR PREVIOUS 12 MONTHS WITH FORM SUBMITTAL

Signature of Plumber: _____ Credential #: _____